FILED 2006 08:00 AM

200	Due By I	May 1, 2006	L. OKI		iry of State	
DOCUMENT #A17783) Secreta	iry or state	
1. Entity Na JACKSC	me NVILLE ASSOCIATES,-LT	.ם־				
Principal Pla	ce of Business	Mailing Address		{		
230 S. BROAD STREET 230 S. BROAD STREET		230 S. BROAD STREET PHILADELPHIA, PA 19102		{		
MUCAULLY	MA, PA 1910Z	TINEADELFINA, TA 13102		\ \text{\tint{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\te}}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}}\tint{\texitil{\text{\texi}\tint{\text{\texi}\tint{\text{\texi}\tint{\text{\texi}\tint{\text{\texi}\tint{\text{\texitit}}}}}}}}}}}}}}}}}}}}	II STETT WEET STETT BENT BENT BENT BENT BENT BENT BENT	
				01062006 No Chg-LP	CR2E003 (11/05)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number	Applied For	
				11-2489822	Not Applicable	
				Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	_	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WR	UTE	
				IN THIS SPA	CE	
				IN THIS SIF	WL.	
R The short	e named entity submits this statement	for the purpose of changing its registr	ered office or register	red agent, or both, in the State of Florida	a. I am familiar with, and accept	
	ations of registered agent	of the parpose of analysis as regard		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	GNATURE				DAIE	
		OW!!! FEE IS \$500.00				
		2006, Fee will be \$900.00	MICT DE DECIS	TERED AND ACTIVE WITH THIS	OFFICE	
	NOTE: General Partners &	MAY NOT be changed on the for	m; an amendmer	it must be filed to change a gene	eral partner.	
DOCUMENT!	GENERAL PARTN A93000001120	ER INFORMATION				
NAME	BUSTER BOYNTON BEACH A	SSOCIATES, L.P.				
STREET ADDRESS	1200 000 (11011011011011011011011011011011011011101101101101101110111011101110111010	į				
CHY-ST-ZIP DOCUMENT#	PHILADELPHIA, PA			U0000055	59516 3002-010 500.00	
MAME		Ì		05/1 8/0 6-8(0002-010 500.00	
STREET ADDRESS CITY-ST-ZIP						
DOCUMENT #						
MARKE		•		DO NOT MO	TE	
	STREET ADDRESS CITY-S1-ZPP		DO NOT WRITE			
DOCUMENT #				IN THIS SPA	CE	
NAME		1				
STREET ADDRESS CITY - ST - ZIP		.				
DOCUMENT #						
KAME		i				
STHEET ADMRESS CITY - ST - ZIP		1				
OCCUMENT #	 					
NAME	,					
STREET ADDRESS	' [.				

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620. Florida Statutes

EDMARD CIPKIN, PHET BUSICA INC

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: